MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06879

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) Daniel (Last) Copsey

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1951

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH Sept. 18, 1875 | 9. AGE last birthday 75 yrs. | If under 1 year Months 8 Days 23 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) St. Mary's County, Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Daniel Copsey
14. MOTHER'S MAIDEN NAME Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mamie Copsey - Barstow, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 7/11, 1951, that I last saw the deceased alive on 7/11, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Huntingtown DATE SIGNED 7/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 13, 1951 | NAME OF CEMETERY OR CREMATORY Asbury Cemetery | LOCATION (City, town, or county) (State) Barstow, Md

DATE REC'D BY LOCAL REG. 7-13-51 | REGISTRAR'S SIGNATURE A. W. Ward | 24. FUNERAL DIRECTOR A. P. Harkness & Son - Mutual, Md. | ADDRESS

VS-A15

100105

RECEIVED
JUL 16 1951
BUREAU V. S

06880

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert, Sunderland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Gray

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1951

5. SEX: F

6. COLOR OR RACE: N

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 7-17-1882

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Jane Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walter Riggs Sunderland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1951, to 7/31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Helmerne Huntingtown Md 8/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-3-51 | NAME OF CEMETERY OR CREMATORY Mt. Hope | LOCATION (City, town, or county) (State) Sunderland Cal. Md.

DATE REC'D BY LOCAL REG. 8-3-51 | REGISTRAR'S SIGNATURE H. H. Ward | 24. FUNERAL DIRECTOR P. C. Sewell | ADDRESS Pr. Fred. Md.

720821

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06881

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Eugene (Middle): Jacks (Last):
4. DATE OF DEATH (Month): 7 (Day): 31 (Year): 1951
5. SEX: M
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 24 1950
9. AGE last birthday: 1 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jimmy Jacks
14. MOTHER'S MAIDEN NAME: Dorothy Hennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Dorothy Hennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxic Pneumonia — 4 days

490x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning — 2 day

119a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1951, to 7/31, 1951, that I last saw the deceased alive on 7/30, 1951, and that death occurred at 12 N. o'clock m., from the causes and on the date stated above.

SIGNATURE: Fernand Ortiz (Degree or title) ADDRESS: Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF: 8-1-51
NAME OF CEMETERY OR CREMATORY: Mt Hope
LOCATION (City, town, or county) (State): Sunderland, Md
DATE REC'D BY LOCAL REG.: 8-1-51
REGISTRAR'S SIGNATURE: H. N. Ward
24. FUNERAL DIRECTOR: P. E. Dowell — ADDRESS: Prince Frederick

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06882

Reg. Dist. No. 57

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake Beach — LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: P. G.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel Md

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Leister

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1957

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Sept 21 1872

9. AGE last birthday: 78 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Anthony Fulton

14. MOTHER'S MAIDEN NAME: Angelina Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Glenwood Leister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary embolism	2 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 92d	(b) Chronic Myocarditis	5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE: Howard O. Wise (Degree or title) — ADDRESS: Laurel Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/3/57 — NAME OF CEMETERY OR CREMATORY: Dry Hill — LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG.: 7/1/57 — REGISTRAR'S SIGNATURE: Howard — 24. FUNERAL DIRECTOR: Donaldson — ADDRESS: Laurel Md

720826

VS. A15

RECEIVED
JUL 10 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

F6883

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wellington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4809 Woodlawn
STREET ADDRESS (If rural, give location) Hyattsville Md

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Huffington (Last) Phillips
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/4/97
9. AGE last birthday 53 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY R.R.
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Huffington Phillips
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John H. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary embolism

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found floating in Ches Bay

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 7 (Day) 13 (Year) 51 (Hour) 7 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Ward (Degree or title) Coroner ADDRESS Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16 1951
NAME OF CEMETERY OR CREMATORY Glenwood D.C.
LOCATION (City, town, or county) (State) Wash.

DATE REC'D BY LOCAL REG. July 13, 1951
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm. H. Hutchins
ADDRESS Owings Md.

541506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 18 1951
BUREAU V. S.

Item 9 FilmG134 7/24/51 w.w.

06884

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1727 Mass Ave, N.W.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) R (Last) Roelach
4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 51
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6/23/24
9. AGE last birthday 28 27 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Home Book
11. BIRTHPLACE (State or foreign country) West Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis J Roelach
14. MOTHER'S MAIDEN NAME Kate Goldberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pocket Book

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral embolism — 3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Following auto accident — 11 hrs

(c)

8255
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Injured ribs, back & internal abd organs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) Prince Frederick — (COUNTY) Calvert — (STATE) Md
TIME OF INJURY (Month) 7 (Day) 15 (Year) 51 (Hour) 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H W Ward (Degree or title) M.D. ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 17, 1951 — NAME OF CEMETERY OR CREMATORY Adas Israel Cem. — LOCATION (City, town, or county) Wash. — (State) D.C.

DATE REC'D BY LOCAL REG. 7/16/51 — REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR A. A. Hawkins & Son — ADDRESS Mutual Bldg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 19 1951
BUREAU V. S.

06885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buena Vista
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk Md
STREET ADDRESS (If rural, give location) 23 Dexwood Ave

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Chas (Last) Smith
4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 8 1934
9. AGE last birthday 17 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jr Boy
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Md Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert C. Smith, Sr.
14. MOTHER'S MAIDEN NAME Rena Fawcett Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-44-4862
17. INFORMANT AND ADDRESS Edward Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drown

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River (CITY OR TOWN) Buena Vista (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 29 (Year) 51 (Hour) 5:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Swimming

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Howard E. Mez (Degree or title) ADDRESS Drawer 1 Md DATE SIGNED 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/1/51
NAME OF CEMETERY OR CREMATORY Emmanuel Lutheran Cem.
LOCATION (City, town, or county) Brickerville (State) Pa.

DATE REC'D BY LOCAL REG. July 30, 1951
REGISTRAR'S SIGNATURE Louise L. Hartman
24. FUNERAL DIRECTOR J. Arthur Williams
ADDRESS 254 Carroll St. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06886

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lower Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) A (Last) Smith
4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1951
5. SEX M
6. COLOR OR RACE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Mar. 12, 1920
9. AGE last birthday 30 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vincent Smith Sr.
14. MOTHER'S MAIDEN NAME Hattie Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-14-3374
17. INFORMANT AND ADDRESS Hattie Brooks 1306 Queen St NE. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

8245 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead on Road

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION Bleeding from
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Prince Frederick (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 29 (Year) 51 (Hour) 2 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Wardlow Young (Degree or title) MD ADDRESS Lower Marlboro DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-2-51
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Lower Marlboro (State) Md
DATE REC'D BY LOCAL REG. 8-2-51
REGISTRAR'S SIGNATURE A. W. Ward
24. FUNERAL DIRECTOR P. T. Sewell ADDRESS Prince Frederick Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06887

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dunkirk — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dunkirk
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) — (First): Luther — (Middle): E. — (Last): Whittington
4. DATE OF DEATH — (Month): 7 — (Day): 16 — (Year): 1951

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 4 1878
9. AGE last birthday: 78 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): An. Ar. Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert W. Whittington
14. MOTHER'S MAIDEN NAME: Emma Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Luther E. Whittington, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 minutes

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 1951, to 7/16, 1951, that I last saw the deceased alive on 7/13, 1951, and that death occurred at 3:28 p.m., from the causes and on the date stated above.

SIGNATURE: Geo. Deal — (Degree or title) — ADDRESS: Dunkirk — DATE SIGNED: 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 19 1951 — NAME OF CEMETERY OR CREMATORY: Smithville Cemetery — LOCATION (City, town, or county): Dunkirk — (State): Md.

DATE REC'D BY LOCAL REG.: July 18, 1951 — REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm. H. Hutchins — ADDRESS: Owings

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JUL 26 1951
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Republic
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Republic
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) R. (Last) Yoe

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: Nov. 23, 1907

9. AGE last birthday: 43 yrs. If under 1 year: Months 7 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Holsworth B. Rawlings

14. MOTHER'S MAIDEN NAME: Hattie Weems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Wilson H. Yoe - Port Republic, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: 13 months

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/20/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1950, to July 5, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 7, 1951 — NAME OF CEMETERY OR CREMATORY: Christ Church Cem. — LOCATION (City, town, or county) (State): Port Republic, Md

DATE REC'D BY LOCAL REG.: 7-6-51 — REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: A. A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1951
BUREAU V. S.